



PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/822,848
Filing Date	April 13, 2004
First Named Inventor	Hajime KIMURA
Group Art Unit	2629
Examiner Name	Ke Xiao
Total Number of Pages in This Submission	Attorney Docket Number 0756-7292

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form. <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6.
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	March 9, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below.

Type or printed name	Tiffany S. Banks
Signature	
	Date
	March 9, 2009

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FEE TRANSMITTAL FOR FY 2009

Effective 10/02/2008. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)*Complete if Known*

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Attorney Docket No.	0756-7292

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-2280**

Deposit Account Name **Robinson Intellectual Property Law Office**

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17 and
credit overpayments

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	330	2001 165 Utility filing fee	
1111	540	2111 270 Search fee	
1311	220	2311 110 Examination fee	

Over 100 Sheets/270 for each additional 50

SUBTOTAL (1) **(\$)****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	X \$52 =	
Independent Claims	-3** =	X \$220 =	
Multiple Dependent		=	

Large Entity Fee Code	Small Entity Fee Code	Fee Description	(\$)
1202	52	2202 26 Claims in excess of 20	
1201	220	2201 110 Independent claims in excess of 3	
1203	390	2203 195 Multiple dependent claim, if not paid	
1204	220	2204 110 ** Reissue independent claims over original patent	
1205	52	2205 26 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) **(\$)**

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	130	2251 65 Extension for reply within first month	
1252	490	2252 245 Extension for reply within second month	
1253	1,110	2253 555 Extension for reply within third month	
1254	1,730	2254 865 Extension for reply within fourth month	
1255	2,350	2255 1,175 Extension for reply within fifth month	
1401	540	2401 270 Notice of Appeal	
1402	540	2402 270 Filing a brief in support of an appeal	
1403	1,080	2403 540 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	540	2452 270 Petition to revive - unavoidable	
1453	1,620	2453 810 Petition to revive - unintentional	
1501	1,510	2501 775 Utility issue fee (or reissue)	
1502	860	2502 430 Design issue fee	
1503	1,190	2503 595 Plant issue fee	
1462	400	1462 400 Petitions, Group I	
1463	200	1463 200 Petition, Group II	
1464	130	1464 130 Petitions, Group III	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	\$180.00
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	810	2809 405 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810 405 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801 405 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 180.00)****CERTIFICATE OF MAILING**

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SUBMITTED BY*Complete (if applicable)*

Name (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285	Telephone	(571) 434-6789
Signature				Date	March 9, 2009